

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030966

FILING DATE

APPLICANT(S)

12/13/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		2		2		2
4	/		/		/	
5	/		/		/	
6		/		/		/
7		0		/		/
8		0		/		/
9		0		4		4
10		0		/		/
11		0		/		/
12		0		/		/
13		0		/		/
14		0		/		/
15		0		/		/
16		0		/		/
17		0		/		/
18		0		/		/
19		0		/		/
20		0		/		/
21		0		/		/
22		0		/		/
23		0		/		/
24		0		/		/
25		0		/		/
26		0		/		/
27		0		/	/	
28		0		/		/
29		0		/		/
30		0		2		2
31		0		/		/
32		0		/		/
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37	/		/		/	
38	/		/			
39	/		/			
40	/		/			
41						/
42						/
43						/
44						/
45						/
46						/
47						/
48						/
49						/
50						
TOTAL IND.			7		5	
TOTAL DEP.			38		42	
TOTAL CLAIMS			45		47	

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS